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Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by Disabled Peoples International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

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Statement*

Reproductive Health
Background:

Daily, around the world, women with disabilities are denied their fundamental right to reproductive health services and information. Research showing that disabled women are up to three times as likely to experience sexual abuse as are non-disabled women, urgently underscores the need for appropriate reproductive health.[1]

Persons with disabilities are often seen as asexual, unfit or incapable of caring for children. Often they are seen as children themselves and do not receive adequate information and access to reproductive health services. Girls with disabilities are often over-protected by parents who see their daughters as asexual or too disabled to care for children. Women with disabilities are typically 'counselled' not to have children. If they do become pregnant, they have difficulty accessing pre- and post-natal care.

Internationally Agreed Goal:

Women with disabilities, like all persons, are sexual beings. They, therefore, must have access to programs, services and information on reproductive health on an equal basis with others — a goal clearly articulated in Article 25 of the recent United Nations Convention on the Rights of Persons with Disabilities (CRPD), which states:

> States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:
>
> (*a*) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
>
> (*d*) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care.

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* Issued without formal editing.

[1] Groce, N.E. (2006) "People with Disabilities" in "Social Injustice in Public Health" Levy & Sidel (eds.) Oxford University Press.

What must change?

For service delivery this has significant implications. Staff at all levels must be trained to raise awareness of disability and a full range of choice offered to women with disabilities, including, but not limited to:

1. Accessible communication, health services, prevention programmes;
2. Accessible counselling services;
3. Medical centres with specialised services for women and girls with disabilities;
4. Mobile clinics in rural areas;
5. Accessible examination and waiting rooms, diagnostic techniques;
6. Health and reproductive health education including information on functioning of sexual organs, venereal diseases, HIV/AIDS, in accessible formats;
7. Accessible shelters for women with disabilities to escape domestic violence;
8. Assistance during examinations to assure dignity and well being;
9. Education of medical personnel on specific needs of persons with disabilities; and,
10. Research to ameliorate the health situation of persons with disabilities, including gender sensitive statistics.